



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

Summer Food Service Program Training Certification

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Date(s) of Training Session(s) _____

Number of Attendees at each Site _____

Subject Areas Covered in Training Session(s) _____

Please complete and mail to:
Office of Public Instruction
School Nutrition Programs
PO Box 202501
Helena MT 59620-2501
or
Fax (406) 444-2955

I certify that required training has been conducted for all sponsor and site personnel to include all applicable federal regulations and that attendance records will be maintained in sponsor files. I also certify that no site will operate the Summer Food Service Program unless site personnel have been trained.

Sponsor Authorized Representative Signature

Date